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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0487 Helena Elem 25 Lewis & Clark Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1035 Yes Knight, Terry L 0.88 1 1037 No Bunger, Bruce 1.00 1038 No Flanagan, Bekki 0.70 1 1041 Zabel, Jackie No 3.00 1 1042 Lester, Julie 1 Yes 2.35 1 2219 No Lewis, Dany 3.25 2220 Clements, Tracy 1 No 0.63 1 2350 No Pickett, Kathy J 3.23

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 25 Lewis & Clark 0488 Helena H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1034 No Jacot, Angie 8.93 1 1035 Yes Knight, Terry L 0.87 1036 No Randolph, Tommie 1 1.50 1039 Reimer, Donald No 2.00 1 1040 Pomeroy, Steven J 1 No 2.00 1 1042 Yes Lester, Julie 2.35 Diaz, Jeanette 1 2425 No 5.50

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent **Second Semester**

February 1 to County Superintendent May 10 to County Superintendent **S**: May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 25 Lewis & Clark 0491 Trinity Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 4 2230 No Schultz, Joseph & Wendy 1.50 Randolph, Tommie 4 2232 No 1.65 4 2366 No Goeman, Tanya R 5.05

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0492 East Helena Elem 25 Lewis & Clark Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 1003 No Jagoda, Jean 1.60

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
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County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0495 Wolf Creek Elem 25 Lewis & Clark Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 13 1051 No Doherty, Kim 1.40 13 Ryan, Kim 1052 No 1.00 13 1053 No Taylor, Dayl 1.40 1054 Stoos, Laurie Ann 13 No 4.75 1055 Infanger, Michele 13 No 1.90 13 1056 No Johnson, Pamela 2.65 1057 Wirth, Judy 13 No 2.00 13 1058 Brewer, Mary 2.00 No 13 1059 Krenning, Jeanne L No 0.80

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
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County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 25 Lewis & Clark 0502 Augusta Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 45 1004 No McDonough, Rob 1.00 1005 45 No Steinbach, Gayle 2.00 45 1006 Howe-Cobb, Sarah Yes 3.19 1007 Lux, Cheryl 45 Yes 4.58 2019 WEISNER, CODY 45 No 1.00 45 2307 No Fournet, Wendy 2.00 Weisner, James T 45 2310 No 9.75

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 25 Lewis & Clark 0503 Augusta H S **High School** District Contract **Daily** # of Days Transported # Shared Family's Name Rate 45 1006 Yes Howe-Cobb, Sarah 3.19 Lux, Cheryl 1007 45 Yes 4.57 45 2308 No Tew, Terri 7.50 45 2309 Bean, Teri No 10.50 2311 Shaw, Joyce 45 No 10.50 45 2312 No Campbell, Dan & Shelly 15.75

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

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DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 25 Lewis & Clark 1221 Lincoln K-12 Schools **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 38 1043 No Charron, Dawn 0.35 38 1044 No Brady, Cindy 0.35 38 1045 No Wellenstein, Bill 2.50 1046 Sholder, Janet 38 No 0.80 1047 Trogmorton, Levera K 38 No 2.35 38 1048 No Meyer, :inda S 2.35 1049 38 No Erickson, Shane & Bridgitt 0.50 38 1050 No Shaw, Kathy 0.30